

March 8, 2006

To All the Applicants for the Milwaukee Youth Council:

First, on behalf of all of the members of the Youth Council Selection Committee, I want to thank you for your interest in the Youth Council and your desire to serve all the citizens of the City of Milwaukee. Please be advised that there are some requirements for participation as a member of the Youth Council. These are:

- 1. You must be 18 years of age or younger at the time your nomination is approved by the Common Council. This is expected to be in May or June 2006.**
- 2. You must be a citizen or legal resident of the United States**
- 3. You must be a resident of the City of Milwaukee.**
- 4. You must have achieved high school status. You do not have to be attending a traditional high school, but, if you're not, you'll have to tell us a bit more about your educational situation and be able to show us that you are pursuing your education.**

Be aware that if you fail to meet any of these qualifications, we cannot consider your application. Attached to this letter you will find an application form. It consists of the following parts:

- ☐ Section I: About Yourself (1 page)
- ☐ Section II: Describe Yourself (2 pages)
- ☐ Section III: Express Yourself (1 page)
- ☐ Section IV: Recommendation (1 page)
- ☐ Section V: Nomination Papers (2 identical pages)

Make sure you have all five sections listed. The first three sections are for you to fill out. Section IV is to be filled out and returned to the City by an unrelated adult who you think knows you well. Section V requires you to go out among your peers and gather 50 signatures (two sheets, 25 signatures on each) from people 18 years of age and under who are residents of the City of Milwaukee and who support your candidacy for the Youth

Council. When you have completed Sections I-III and V, you have two options for delivering them:

1. You can mail them to: Milwaukee Youth Council
c/o Ms. Diana Morgan
Rm. 205, City Hall
200 East Wells St.
Milwaukee, WI 53202-3567
2. You can hand-deliver them to the above-address any time between 8 a.m. and 4:45 p.m., Monday through Friday.

**All materials must be received no later than 4: 45 p.m. on Friday, April 21, 2006.
This applies to your recommendation form as well as the rest of the application.**

The Selection Committee hopes to finish its review of completed applications by the end of April 2006. The ordinance creating the Youth Council permits us to choose only one Youth Council member from each of the City's 15 aldermanic districts. We will be notifying all candidates of our decisions during the month of May 2006.

Should you have any questions or require further information, feel free to call, write or e-mail Ms. Diana Morgan, Staff Assistant to the Youth Council Selection Committee. Her e-mail address is dmorga@milwaukee.gov. Her telephone number is 286-2231.

Sincerely,

Arlee Vang
President, City of Milwaukee Youth Council

**Milwaukee Youth Council
Membership Application Form**

Please limit your answers to the space provided.

Section I: About Yourself... Personal Information

Name: Date of Birth:

Address:
 Zip:

E-mail address

Home Phone #:: Cellular Phone #:

(It is extremely important that you put down the e-mail address and phone number at which we will be able to reach you.)

(If known) In which Aldermanic District do you live?

High School: a) School Name: Grade:

b) If you are not in school, do you plan to begin or resume your education?

How did you find out about the Youth Council?

Waiver by Parent or Guardian

I, the undersigned, as the parent or legal guardian of the young person named in this application, do give my full consent and approval for him or her to participate as a member of the Milwaukee Youth Council. I certify that he or she is a citizen or legal resident of the United States. I further grant permission to the staff of the Common Council – City Clerk's office to use his or her name and photograph for the purpose of identifying Youth Council members in official documents and on the City of Milwaukee's website.

Parent or Guardian

Date

Relationship to Applicant

Daytime Phone Number

E-mail Address

Section II: Describe yourself ...Ready, Willing and Able to Serve the City's Youth

1.What are your interests? For example, what do you do in your free time? Or, what after school activities do you participate in?

2.What sort of challenges have you faced in your life and how did you overcome them?

3.Have you had any recent volunteer experience?

4.What are your career aspirations?

5. The Youth Council is an official government body serving the City of Milwaukee. Its members will be expected to attend regular meetings of both the full Council and its committees. Describe the commitment you are prepared to dedicate to the Youth Council.

Section III: Express Yourself

In order of importance, please list five important issues that you believe Milwaukee's teens face today, and that you would address as a member of the Youth Council.

1.

2.

3.

4.

5.

In one paragraph explain why the first of your five issues is most important to you and any suggestions you have to address the matter.

Section IV: Recommendation – To Be Filled Out By An Unrelated Adult

To the person completing this form: Thank you for your willingness to evaluate one of the candidates for the Milwaukee Youth Council. Please be sure to fill out this form completely.

Youth Council Applicant:

Your Name:

How do you know the applicant?

Part I: Below, you will see a list of statements. By placing a mark in the appropriate box, please indicate how much you would agree or disagree with the statement.

Statement	Strongly Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Strongly Agree
The applicant demonstrates leadership					
The applicant works well with others					
The applicant demonstrates a willingness to try new things					
The applicant finishes what he/she starts.					
The applicant is a good listener.					
The applicant is well-organized.					

Part II: Short Answer. In a few words, please answer the following questions:

1. What is the applicant's strongest attribute? _____

2. In what area has the applicant shown the most need for improvement? _____

When you have completed this form, please mail it to:

Milwaukee Youth Council
C/o Ms. Diana Morgan
Room 205, City Hall
200 East Wells Street
Milwaukee, WI 53202-3570

NOMINATION PAPERS FOR MILWAUKEE YOUTH COUNCIL

Name of Candidate:	Aldermanic District:
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I, the undersigned, request that the individual whose name is listed above be accepted as a candidate for the Milwaukee Youth Council. By signing this document, I certify that I am a resident of the City of Milwaukee and that I am 18 years of age or under.

Signature	Address	Date of Signature
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